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INDICATION FORM**

Application Number	10/524,237
Filing Date	August 4, 2003
First Named Inventor	John J. Kopchick
Title	Diagnosis of Kidney Damage and Prost
Art Unit	1633
Examiner Name	Wehbe, Anne Marie Sabrina
Attorney Docket Number	KOPCHICK-5A

I hereby revoke all previous powers of attorney given in the above-identified application.

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Name	Registration Number

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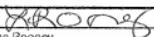
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD**

Signature		Date	1-28-08
Name	Lisa Rooney	Telephone	703-559-3097x
Title and Company	Director, Technology Transfer Office		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*

\*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32, and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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